

1. Follow-Up to Q3, Q4, Q8, Q17, Q41, cost questions:
 - a. Will personnel salaries proposed be subjected to NIH salary cap? **Please see addition of clause H.15 HHSAR 352.231-70 Salary Rate Limitation to the RFP. This clause addresses salary limitations.**
 - b. While our IT department will provide their best cost estimates at this time for FISMA implementation, there may be areas of needs which are identified later on. If such occurs, can supplement requests be made after award? **Supplemental requests may be made by contractors at a later time; however, there is no guarantee that the government shall agree to all requests. Reasonable considerations shall be made by the government.**
2. Follow up to Q10:
 - a. The solicitation specifies that the Risk Management Plan is due within 60 days of contract award. Please confirm this plan does not need to be submitted with proposal. **That is correct. It is due after award.**
3. Follow up to Q16:
 - a. Please define “full vendor hosted Government system”. Does institution EMR fall into this? **The institution’s EMR does not fall into this system.**
4. Follow up to Q38:
 - a. Should the offeror’s suggested changes/deviations to the included BAA be conveyed to CDC in advance prior to proposal submission for approval? **Any changes/deviations to any aspect of the proposal document(s) shall be submitted with the complete proposal.**
5. Follow up to Q59:
 - a. The solicitation states the draft PII Security Plan needs to be submitted with proposal. Since templates are not available until after award, can you please provide specific categories needed in the PII Security Plan to provide a framework for CCEs to utilize? **The template and descriptions will be provided upon award and full plan due within 60 days of award.**
6. Follow up to Q102:
 - a. The solicitation specifies that the Communications Plan is due within 60 days of contract award. Please confirm this plan does not need to be submitted with proposal. **Correct, the communications plan is due 60 days after award.**
7. Follow up to Q26:
 - a. The project management plan specifications in the PWS (page 6) specifies “the contractor’s PMP shall include the proposed Staffing Plan with title, qualification, percentage of employment, numbers and duties of personnel who will be responsible for implementing the CCE contract, including an identification of key personnel and management team with the percentage of their time to be devoted to the CCE contract”. These personnel information are similarly requested in the solicitation section of Tab 4 – Subfactor 3 (page 56). Please confirm which section of the proposal we should include such information in. **They need to be included in both sections. The Personnel are being evaluated in Subfactor 3. The Plan (organization, policies, and procedures) are being evaluated in Subfactor 4.**
8. Follow up to Q7:
 - a. Must the Past/Present Performance Reference Questionnaire be used? Can our references provide the information in narrative letter format on their letterhead? **The Past/Present Performance Questionnaire must be used.**
9. Attachment 2. Section 7.3 PII Security Plan, pages 7-8:
 - a. Given that clarification has been provided that FISMA compliance is not required the time of contract award, will the PII Security Plan still be required with this application? **PII Security Plan will be submitted after award.**
10. C.3.7.4 - There is an overlap between the services described under intensive case management (“... SWs develop and maintain a therapeutic relationship with the member.... Intensive-Acute Case Management requires daily or weekly patient and family/caregiver contact whenever there is transition of care or significant change in the clinical, psychosocial, functional, or mental health status”) and billable treatment services for WTC-exposure related mental health conditions (such as individual or family therapy provided by properly trained clinical social workers). Is the WTCHP going to provide specific guidance regarding how to differentiate the scope and focus of these different types of services? **This does not reference one of the original questions.**

11. Solicitation SOW - Attachment 1. C.3.7.3 Program Benefits Counseling: Is it expected that patients get all benefits counseling needs met during their monitoring visit? IF not, please clarify what level of benefits counseling is expected at the time of the WTC monitoring visit. **This does not reference one of the original questions.**
12. Solicitation p. 56-57 description of TAB 5: Please clarify if the communications plan counts against the current page limit for Volume I/Technical/Management Proposal **See answer to Q.103**
13. C.3.8.1 Quality Assurance and Internal Audits, pg. 27. "In addition, the WTC Health Program Administrator shall receive no more than 3 valid complaints from members about CCE performance during the six month period before the CCE may be placed on a performance improvement plan." Will the number of allowable valid complaints be adjusted based on the number of active patients with a Clinical Center of Excellence? In other words, will centers with fewer active patients have the same threshold for valid complaints as centers with more patients? **No. Every complaint to the program is taken seriously. Whether or not a performance improvement plan is necessary will be determined by the COR and the Contracting Officer.**
14. Transition plan question (follow up to previous question #'s 21) **Transition as spoken of in this question, is not part of the new award.**
 - a. As case management is a major portion of the PWS, will the WTCHP/NIOSH fund a transition period for case management using a third party vendor used by the WTC CCE?
 - b. If the above cannot be funded through this mechanism, can the above (7a) be funded otherwise through the WTCHP/NIOSH?
15. Follow up questions regarding IT inventory: **this will be provided upon award (Q46)**
 - a. Please indicate where the IT inventory should be included in the application?
 - b. Is it IT inventory part of the technical proposal (if so, does count against page limit) or part of the PII Security Plan?
 - c. Is there a template of checklist of items that should be included in the IT inventory?
16. Regarding previous questions # 61 "risk assessment": **See Q68**
 - a. Please clarify whether the risk assessment will be done by the government or with the government
 - b. During this time period, will the government plan to perform their own testing on the CCE's systems?
17. Clarification question regarding CCE denied claims (follow up to previous questions # 79) **The response to this question is impacted by the pending Health Program Support award. This effort is anticipated to be awarded the week of Nov 14th. Upon award of this effort, a response to this question will be posted to FBO.**
 - a. Will the result code indicate who denied the claim?
 - b. Can you clarify what the denial process is when the CCE denies a claim?
 - c. Can additional information be provided as to what is expected of the CCE when a CCE denies a claim?
18. Regarding collection and data entry of information for benefits counseling (follow up to previous questions # 83) **The response to this question is impacted by the pending Health Program Support award. This effort is anticipated to be awarded the week of Nov 14th. Upon award of this effort, a response to this question will be posted to FBO.**
 - a. Can additional information be provided regarding the level of data entry that will be required as it pertains to benefits counseling?
 - b. Please that the CCE should be collecting this information the CCE's care management system.
 - c. If yes to 11b – is it expected that the CCE is able to collect that information and report to NIOSH on a regular basis? If so, how frequently?
19. Questions regarding QA for prescriptions issued, filled (follow up to previous question # 85)
 - a. Please define "issued prescription" verses "filled prescription" and distinguish where the QA is required (issued, filled, or all) **QA is required on both prescriptions issued by internal and external providers through the PBM interface (appropriateness, certification, generic first, documentation, quantity/fill limits) and for "filled" prescriptions by conducting retrospective reviews to assure that the pharmacy only filled what was prescribed.**
 - b. The PMB (managed by NIOSH) has the ability to control what is filled – how will the CCE be able to control what is filled prospectively? **The Offeror is required to do retrospective reviews of fills in accordance with program policy.**
 - c. What is the expectation for doing Q/A for "issued prescriptions" vs "filled prescriptions" **See above.**

- d. What tools will be available from the PBM to monitoring “prescriptions issued” versus “prescriptions filled”
Awardees will go through training with the PBM contractor on using the interface that provides tools and reports for conducting reviews.
20. Questions regarding “The cost of inappropriate prescription filled through the Program due to the CCE neglecting to follow these policies and procedures shall be recouped by the WTC Health Program from the CCE’s funding”
 - a. Based on response provided on Q and A documented posted on 11/1 – does this only pertain to medications filled through the diagnostic plan? **This pertains to all medications the CCE is responsible for reviewing and approving.**
 - b. If pertaining to treatment, cancer treatment in particular, will the CCE still be responsible for decision made prior to the external provider medical record being made available? **This will be determined on a case by case basis.**
 - c. Are drug exclusion forms the process that will be used to evaluate appropriateness? **Drug exclusion forms, records reviews and other mechanisms may be used to evaluate appropriateness.**
21. In order to maintain the continuity of services, will incumbent CCE’s be allowed to budget for TPA transition period services through this contract? **No.**
22. C.3.8.1 Quality Assurance and Internal Audits, p. 27: Will patient satisfactions tools that are used by incumbent CCE’s need to go through the NIOSH Fast track OMB process? **The program will review these tools after award and determine whether they need to go through the Fast Track OMB process.**
23. C.9 , follow up to question 119 on previous Q and A
 - a. Please clarify that the expectation that “90% of appealed claims should be received by the WTC Health Program within 3 months of date of denial” and “90% of adjusted denied claims should be received by the WTC Health Program within 3 months of the date of denial” – does this apply to internal provider network claims only? **The three month appeal applies to internal and external claims.**
24. C.9 Clinical Center of Excellence Services Summary Table/QASP p 31# 8
 - a. How will the CCE be able to verify an external provider’s enrollment status given that the enrollment will be handled by the NIOSH Support Contractor/TPA? **The response to this question is impacted by the pending Health Program Support award. This effort is anticipated to be awarded the week of Nov 14th. Upon award of this effort, a response to this question will be posted to FBO.**
 - b. Will the NIOSH Support Contractor/TPA identify instances when the provider is not enrolled and if so would that information be provided to the CCE when the claims is produced for review? **The response to this question is impacted by the pending Health Program Support award. This effort is anticipated to be awarded the week of Nov 14th. Upon award of this effort, a response to this question will be posted to FBO.**
25. Is it possible to reconsider answer to previous questions 132 and 133? This would impact the staffing effort required to respond to provider inquiries and perform claims review. **The response to this question is impacted by the pending Health Program Support award. This effort is anticipated to be awarded the week of Nov 14th. Upon award of this effort, a response to this question will be posted to FBO.**
26. Solicitation Attachment 1, PWS, Section C.3.1.1 – Project Management Plan, pg. 6
 - a. Can you define the “transparent management baseline?” **A transparent management baseline is a primary tool for measuring project performance and identifying risk. The baseline identifies the work that will be accomplished on a project, and defines the cost and schedule for accomplishment of that work. Components of this are in the sentence following the use of the term in the PWS, “The CCE contractor’s PMP shall include the proposed Staffing Plan with title, qualification, percentage of employment, numbers and duties of personnel who will be responsible for implementing the CCE Contract, including an identification of key personnel and management team with the percentage of their time to be devoted to the CCE Contract.”**
 - b. Does the transparent management baseline need to be included in the project management plan submitted with the proposal? **Yes**
27. Solicitation Attachment 1, PWS, foot note # 1, pg. 1 – “Section (F) refers to a requirement for the CCE. Currently the WTC Health Program has been able to facilitate the process more efficiently by providing claims data directly to the Data Centers through the health support contractor without requiring the CCEs to do so. This could change with the implementation of new contracts” Does this mean that CCE’s should respond to this solicitation with the understanding that the CCE’s may need to transmit data for all of their authorized claims/services to their corresponding data center?

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28. Will incumbent contractors be required to submit their CPARS scores, or will that be available to reviewers automatically? **See page 56 of 70 of the RFP for information on Past / Present Performance.**
29. Solicitation Attachment 1, PWS, Section C.3.4. Healthcare Provider Network, p. 17 – “The CCE shall be responsible for ensuring that all internal health care providers who provide diagnostic and treatment services meet all requirements of the CCE contract including complying with all requirements for Workers’ Compensation filing. What are the requirements for workers compensation filing?”

From Chapter 6 of the WTCHP Policies and Procedures Manual: <http://www.cdc.gov/wtc/ppm.html>

Workers’ Compensation Assistance

WTC Health Program members who experienced an injury or emotional trauma resulting from work they performed as part of their job duties when responding to the WTC attacks may be eligible to apply for workers’ compensation benefits. Upon request, CCEs must provide assistance to members who are applying for workers’ compensation benefits due to a WTC-related injury, such as helping to document the member’s medical condition and treatment needed. CCEs must also provide requested assistance to providers in completing required workers’ compensation paperwork. Because there may be an extended period of time between the time a claim is filed and when benefits are awarded, the CCE’s provision of care and submission of claims must not be influenced by or changed due to expected workers’ compensation benefits.

The overall order of payers for responders in the WTC Health Program is as follows: Workers’ compensation (for a WTC-related health condition that is work-related), followed, in order, by the WTC Health Program, private health insurance, Medicare, and Medicaid. In most cases involving WTC-related health conditions that are work-related, however, only Workers’ Compensation and the WTC Health Program will be called upon to make payments for Program members’ care.

The WTC Health Program follows the guidance outlined in the Zadroga Act regarding Coordination of Benefits (COB) for survivors. Workers’ compensation is a required part of COB for responders and, in certain limited situations, survivors.

The overall order of payers for survivors in the WTC Health Program is as follows: Workers’ compensation (applicable only if WTC-related condition is a work-related illness for which a claim has been established), private health insurance, followed by Medicare, then Medicaid, and finally the WTC Health Program. Requirements for billing under the COB policy for survivors provide that, where applicable, payment for services must first be sought from:

•Worker’s Compensation: Where the condition suffered by the member is work-related, and where Worker’s Compensation is available to this member, the worker’s compensation must be billed prior to billing the WTC Health Program

•Private Health Insurance: Where the WTC- related health condition is not work-related, and where the member has private health insurance coverage, the private health insurance must be billed prior to billing the WTC Health Program

•Public Health Insurance (Medicare/Medicaid): Where the WTC-related health condition is not work-related, and where the member does not have private health insurance but is covered by Medicare or Medicaid, those entities must be billed (in that order) prior to billing the WTC Health Program.

The total payment, including any amounts paid by other entities and by the WTC Health Program, will not exceed the fee schedule. If the primary plan already paid up to the fee schedule amount, no additional payment is made under the WTC Health Program.

If prior payments were made by another entity, those payments should be shown when the claim is submitted to the WTC Health Program.

30. Solicitation – please clarify what should be included in the “Assumptions” section. **Offerors shall include any ‘unknowns’ which they are holding true in order to prepare their proposals.**
31. Solicitation Attachment # 1 C.3.4 Health Provider Network. Please clarify whether funding for the maintenance of current contracts and SCA’s with providers in the external provider network is allowable under this solicitation. **The response to this question is impacted by the pending Health Program Support award. This effort is anticipated to be awarded the week of Nov 14th. Upon award of this effort, a response to this question will be posted to FBO.**
32. Given that this solicitation deadline has been extended to December 21, 2016, is the effective date still 1/1/2016? If not, when is the effective date? If the effective date of the contract is extended, can a timeline be provided as to when applicants will hear back regarding the award? **Proposals are due 12/12/2016. It is anticipated that award will be made in February, 2017. The period of performance for new awardees shall begin 04/01/2017.**
33. As a follow up to question and answer # Q91 posted on 11/1
 - a. Please clarify that the response of what is expected for case management as well. **The offeror is expected to propose case management services for WTC certified conditions.**
 - b. What is expected for non-WTC covered conditions as it pertains to case management? **The offeror is only expected to provide case management services for WTC certified conditions. However, the offeror may also propose how conditions that are not covered by the program impact**
34. Solicitation L.7 Proposal Submission, pages 51-52: please confirm that only email submission is required and that no physical/paper mailed submission is required. **Correct. No paper/mailed submission is required.**
35. Attachment #2, p7 PII Security Plan: Is there a template available for the PII Security Plan? **The template and descriptions will be provided upon award and full plan due within 60 days of award.**
36. Attachment #2, p7 PII Security Plan: If there is no template available for the PII Security Plan, what is the format, level of detail, attachments required or lists (e.g. policies)? **See above**
37. Attachment #2, p17 Procurement of IT Computer/Server Equipment: Is biometrics a viable substitution for the smartcards? **The offeror may propose alternative methods for two factor authentication that meet acceptable standards.**
38. Attachment #2, p17 Procurement of IT Computer/Server Equipment: For technology that is not already installed or implemented (e.g. smartcards, desktop encryption), what is the timeline permitted to become FISMA compliant? **Timelines are established on a case by case basis after the initial assessment is completed.**
39. Attachment #2, p7 Privacy Requirements: What are the log file retention requirements? **To be provided with PII Security definitions/templates upon award.**
40. Attachment #2, p7 PII Security Plan: Are we able to submit updates to the plan as we better understand FISMA requirements? **Yes.**
41. Follow up to Q19 & Q106
 A19 about costs that can be charged to the contract directs the questioner to FAR Part 31.204. FAR Part 31.204 and the other related FAR Parts (31.201 through 31.205) do not directly address the question raised about whether specific costs may be charged to the contract:
 - Employee travel:
 - NIOSH meetings
 - Other program meetings
 - Among CCE clinic sites
 - Training/Professional development
 - Conferences other than NIOSH research meetings
 - Patient transportation when less than ambulance transportation is medically necessary
 - Food:
 - For staff program training meetings
 - For member education/outreach activities

Further, A106 lists among the examples of elements that an offeror may provide as supporting documentation for reasonableness of proposed costs in the proposal:

- Internal travel policy
- Overtime policy

The Solicitation refers to billing practices that include

- Premium pay *when the contractor has consistently followed this practice as a matter of policy*
- Travel expenses *when authorized in the contract as a direct cost*

Will the contract permit staff travel as described above, patient transportation when medically necessary, and food as described above, as these details are not specifically addressed in the FAR Part 31.204? **The offeror may propose any travel costs that are reasonable and considered directly related to the implementation of the contract. The Program has not provided for the transportation of members for less than emergencies which would be covered under claims. The offeror may propose a mechanism by which to provide this transportation, however it is at the discretion of the program and the contracting office to determine if the proposed plan fits within the Federal Acquisition Regulations and the authorizing legislation and program policies. Food is not an allowable cost.**

42. Follow up to Q20 & Q21

A20 states that the HPS contractor will have responsibility for enrolling and credentialing external providers.

A21 states that CCE offerors shall only address activities as listed in the Performance Work Statement.

On the Q&A conference call we understood a NIOSH representative to say that offerors should submit proposals based “on the current operating processes as we understand them and the costs for those processes, without reference to what the new NIOSH contracts/contractors may put in place in the future”. These answers contradict each other. Please clarify whether offerors should include in their proposals all activities and expenses necessary under the current contracts related to:

- Provider enrollment and credentialing
- Care/case management
- Claim submission and processing

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43. Follow up to Q32

A32 indicates that fixed fees may be applied to all CLINS which have been changed to Cost Plus Fixed Fee CLINS.

What expenses does a Fixed Fee cover? **A fixed fee is profit.**

44. Follow up to Q83

A83 The answer does not address the question that was asked, which is: Will the HPS contractor, as part of its web-based care management system, have fields for documentation of various components of mandated benefits counseling? (We did not ask whether the HPS contractor would PERFORM the benefits counseling.) The purpose of the question is to determine what tracking systems the CCE has to build for documentation and reporting of benefits counseling and care/case management. Please respond to the original question. **The response to this question is impacted by the pending Health Program Support award. This effort is anticipated to be awarded the week of Nov 14th. Upon award of this effort, a response to this question will be posted to FBO.**